215037229 60012			State of Nebraska Investigator's Motor Vehicle Accident Report  Sheet 1 of 2															
2	Total Numb	bei j	Local No./ District 004		5-084414						XYES NO			NVESTIGATION MADE AT SCENE?  XYES NO				
A/1 <b>01</b> A/2			2/2015 S M T W TH F S TIME OF ACCIDENT 0200										Amended					
В	OF ACCIDENT		Lincoln NOTIFIED								1	09/15/2015						
55	ROAD ON V		STREET/	· Allove 6	SE 66/U			PRIVATE PROPERTONE-WAY	LATITUDE									
с 4	ACCIDENT OCCURRED HIGHWAY NO. Alley. 03-00/1 lavelock-ballatu									VAY I	STREET?	LONGITUDE				-		
<b>4</b>	MILEPOST	MILEDOCT											_					
1		EET C	MILES	N S		EAREST STREET th Street	T, BRIDGE, RAILROAD CROSSING											
V1/M 10 V2/M	MILES	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN  MILES N S E W AND NILES N S E W OF NEAREST CITY OR TOWN																
01 E 4	ZONE 1 STATE DEPT. OF RO.											OF ROAD	INVOLVE DAMAGE TO ROADS' PROPERTY?					
· F						VE	HICLE	NO. 1									]	
1 V1/N	DRIVER LICENSE DRIVER	ENSE NO.   1112272393								22F	5-6929	STATE (Of License)	NE LOCAL N			⊃ FEMALE		
1	DRIVER ADDRESS											DATE OF BIRTH (MM / DD / YYYY)	12/12	)/19 <sup>-</sup>	71		V1/	/1
V2/N 1	OWNER													LOCAL NO.				
G	OWNER ADDRESS	3	CITY, STATE, ZIP									<b>X</b> ⊃YES	CITATION		,		-\v1/ 3	
1 н	5701 Kearney Ave, Lincoln, NE 68507  LICENSE PA NO. TLZ513								PENDING  YEAR (Plate Expires) 201				LB48	STA	TE	NE	V1/	
5	VEHICLE		YEAR	MAKE		MODEL		BODY ST			COLOR	les	STIMATED I	(Of P	E		V1/	
V1/O 2	VEHICLE ID	1 MEV1095\/D520345									INSURANCE COMPANY							/5
V2/O	TOWED TO	D TO TOWED BY POLICY NO.													19			
<u>'</u>	101 Charleston Capitol Towing 902999096  VEHICLE NO. 2													V1/ 1				
7	DRIVER LICENSE											SEX FEMALE MALE						
V1/P 8	LEGALLY									HONE				LOCAL NO.				2/1
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP										DATE OF BIRTH (MM / DD / YYYY)					1 V2/	
1 J											I-7860		LOCAL NO.				7	12
01	owner address 6521 Have	press city, state, zip lavelock, Lincoln, NE 68507									TATION  PEND	CITATION NO.				V2/	/3	
V1/Q 2	LICENSE P.	A N	o. TSK920					YEAR ate Expires)	2016		STA (Of P	late)	NE	V2/	/4			
<b>Z</b> V2/Q	VEHICLE	YEAR	2000	Toyota	BODY STYLE  Medium/large				color silve		TOTALED \$ 2500				V2/	/5		
3 K	VEHICLE ID NO. (VIN)	JT3l	2000 Toyota 4Runner Mediu 3HN86RXY0279630							INSURANCE COMPANY  American Stand				ard Ins. Co.				
01	TOWED TO				TOWED BY	,					2505	5-2100-03					V2/	
			ete this se									OF BIRTH	Seat Position	<b>2</b> Eject	Body Region	Injury Sev.	rans.	SEX M F
VEH. #	Aaron D Robinson 4327 North 66th, Lincoln, NE 68507									05/29/1990				1	03		-+	М
1	LOCAL NO. 402-219-4		MEDICAL FACILITY NAME					EMS SERVICE NAME				EMS RUN REPORT NO.						
VEH. #	NAME	ADDRESS ADDRESS																
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	1E				EMS RU	N REP	DRT NO.	1		
VEH. #	NAME			AD	DRESS													
	LOCAL NO.   MEDICAL FACILITY NAME   EMS SERVICE NAME										EMS RU	N REP	DRT NO.					

